



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

LICENSE ROSTER REQUEST FORM

1. CHECK *EACH* PROFESSION FOR WHICH YOU ARE REQUESTING A ROSTER:

We will include all active licenses under the jurisdiction of the profession(s) you select.

- | | | |
|---|---|--|
| <input type="checkbox"/> Accountancy | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Real Estate Appraisers |
| <input type="checkbox"/> Architects | <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> River Pilots |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Massage and Bodywork | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Controlled Substances | <input type="checkbox"/> Nursing Home Administrators | <input type="checkbox"/> Speech, Audiology & Hearing Aid |
| <input type="checkbox"/> Cosmetology/Barbering | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Veterinary Medicine |
| <input type="checkbox"/> Deadly Weapons | <input type="checkbox"/> Optometry | |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Pharmacy | |
| <input type="checkbox"/> Dietitians & Nutritionists | <input type="checkbox"/> Physical Therapy/Athletic Trainers | |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Plumbers/HVACR | |
| <input type="checkbox"/> Funeral Services | <input type="checkbox"/> Podiatry | |
| <input type="checkbox"/> Geology | <input type="checkbox"/> Psychology | |
| <input type="checkbox"/> Land Surveyors | <input type="checkbox"/> Real Estate | |

- ☐ Medical Practice – *Includes*
- Physicians
 - Physician Assistants
 - Respiratory Care Practitioners
 - Paramedics
 - Acupuncture Practitioners

- ☐ Mental Health - *Includes*
- Professional Counselors
 - Chemical Dependency Professionals
 - Marriage & Family Therapists

- ☐ Nursing - *Includes*
- Registered Nurses
 - Practical Nurses
 - Advanced Practice Nurses

Include payment of \$32.00 for each box checked above.
Example: If you checked 5 boxes above, enclose payment of \$160.00.

2. ENTER REQUESTER INFORMATION:

Organization Name: _____
Contact Person Name: _____
Contact Person Address: _____
Phone: _____

IMPORTANT! Enter Email Address to which roster should be sent:
